**News-item "India may lose contraceptive race to US"**

525. SHRI MANOJ BHATTACHARYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-item captioned, "India may lose contraceptive race to US", which appeared In the Asian Age. dated the 22nd September, 2002;

(b) if so, Government's reaction thereto; and

(c) the steps proposed to be taken to address the problems highlighted in the news-item relating to the slow pace and the irrational decisionmaking process in the country in the matter?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE {SHRt A. RAJA): (a) Yes, Sir.

(b) and (c) the contents of the article are not factually correct. Following successful completion of Phase-I and Phase-ll studies, a limited Phase-Ill studies are under evaluation by Indian Council of Medical Research. Further studies can only be considered after successful outcome of the Phase-HI study

The Government of India has set up a Monitoring Committee consisting of eminent scientists to review and monitor the trial.

**Incidents of Malaria and Brain Fever**

526. SHRI SURENDRA LATH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the increasing incidents of Malaria and brain fever in some States and particularly In Orissa; and

(b) if so, the details of the steps taken to eradicate Malaria in those States?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) According to the reports received from the State Health Authorities, the total incidence of malaria remained between 2-3 million annually in the country for over a decade. 4.83 lakhs cases of malaria were reported in the State of Orissa in 1999, 5.09 lakhs cases in 2000 and 4.42 lakhs (provisional

cases in 2001. About 84% of malaria cases are due to p.falciparum in the State and nearly 2% of such cases develop complications including cerebral malaria or brain fever due to malaria.

For control of Malaria in the country, National AntI Malaria Programme (NAMP) has been in operation as a Category-ll Centrally sponsored Scheme. Central Govt, provide assistance to the State in the form of drugs, insecticides and larvicides. In addition, an Enhanced f^lalaria Control Project (EMCP) with World Bank support in predominantly tribal areas of 8 States is being implemented for control of malaria since 1997.100% central Assistance is also being provided to North Eastern States for malaria control since December, 1994.

Strategies adopted for control of Malaria include;—

Early case detection and prompt treatment
Selective vector control
Promotion of personal protection methods
Early detection and containment of epidemics
Information, education and Communication towards personal prevention and community participation
Institutional and Management Capacity Building, Trained Manpovi/er Development and efficient Management Information system (MIS).

**Ratio betvirecn CGHS beneficiaries and doctors**

527. SHRI RAJNATH SINGH 'SURYA': Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any ratio between CGHS beneficiaries and doctors has been prescribed for CGHS dispensaries in Delhi;

(b) if so, the details thereof;

(c) the said ratio in the CGHS dispensary in East Kidwai Nagar, New Delhi;

(d) whether it is also a fact that patients in this dispensary have to wait in queue for more than hour and LP drugs are given after 3-4 days; and

(e) if so, the steps taken to overcome these problems?